



SIGN PERMIT APPLICATION

Liberty Lake Planning & Community Development
22710 E. Country Vista Blvd., Liberty Lake WA 99019
Phone: (509) 755-6707 Fax: (509) 755 6713
Website: www.libertylakewa.gov

PROJECT ADDRESS:	ZONE:
OWNER:	PHONE:
CONTRACTOR:	CONTACT NAME:
WA STATE CONTRACTORS LICENSE:	UBI NUMBER:
PHONE:	FAX:
MAILING ADDRESS:	

PROJECT DESCRIPTION:

SQUARE FOOTAGE OF BUILDING FACADE: _____ EXISTING SIGN AREA & HEIGHT: _____

PROPOSED SIGN TYPE: FREESTANDING* _____ MONUMENT _____ WALL** _____ COPY CHANGE _____ OTHER: _____

PROPOSED SIGN AREA (SQ. FT. PER SIGN FACE): _____ PROPOSED SIGN HEIGHT (FEET ABOVE GRADE): _____

PROPOSED SIGN LOCATION ON SITE:

PROPOSED ILLUMINATION: NONE _____ FLUORESCENT _____ INDIRECT _____ OTHER: _____

* Engineering Stamp REQUIRED on all freestanding Signs over 8 ½ Feet in Height ** Illustrate how sign is attached to wall (show bolts, brackets, etc.)

REQUIRED SUBMITTALS:

SIGN PLAN(S) & BUILDING ELEVATIONS _____ ATTACHMENT DETAIL _____ SITE MAP & SETBACKS _____ ENGINEERING _____

Has the project been reviewed & approved by the Homeowners Assoc. / Development Design Review Committee?

(Please circle one) Not Applicable Yes No Applicant Initials:

I HEREBY CERTIFY that the above information is correct to the best of my knowledge and the installation will conform to applicable ordinances. I further agree to indemnify and hold harmless the City of Liberty Lake, Washington from any liability, damage or losses resulting directly or indirectly from the erection, removal, use, maintenance, or alteration of the sign or signs described hereon.

CONTACT PLANNING & COMMUNITY DEVELOPMENT, 755-6708, WHEN SIGN INSTALLATION IS COMPLETED!!

Property Owner's Signature

Printed Name

Date

Applicant's Signature

Printed Name

Date

(P&CD DEPT. OFFICE USE ONLY)

SIGN PERMIT STATUS: APPROVED _____ DENIED & REASON _____

REVIEWED BY: _____ DATE: _____ PERMIT FEE: _____

CONDITIONS OF APPROVAL: